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# County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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March 04, 2004

To: Supervisor Don Knabe, Chairman  
Supervisor Gloria Molina, Chair Pro Tem  
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Supervisor Michael D. Antonovich

From: David Sanders, Ph.D.  
Director

## **SECOND QUARTERLY REPORT ON AUGUST 5, 2003 BOARD AGENDA ITEM #3: RISK MANAGEMENT TECHNIQUES**

On September 23, 2003, in response to a motion by Supervisor Molina, during the Department's oral report, your Board approved the Department of Children and Family Services' (DCFS) Risk Management Techniques and ordered periodic updates be provided on the following directives:

- 1. Currently, DCFS is to report back on September 9<sup>th</sup> their efforts to create a more efficient case file with an efficient file retrieval system. Please consider the model used at MacLaren Children's Center (MCC) where they utilized a Plan of Care that included a child's family, medical, educational and placement history as well as how all needs would be met for every child. DCFS is to report on the feasibility of implementing the Plan of Care.**

The Department has continued efforts to implement a "family service plan" (plan) that will provide families and DCFS' social workers with clear and understandable roles and responsibilities for achieving the plan's goals. The model is being fully integrated into the Department's initiative to realize a family-centered practice.

The task force came to the realization that, rather than the tool driving the practice, the practice must drive the tool. As a result, merging the modification of the family service plan with training efforts to achieve a family-centered practice will result in the desired practice supported by a compatible tool. It is the Department's intent to implement this integrated approach over the next several months. On January 27, 2004, the subgroup

working on the service plan format presented a draft of the new plan to the full committee. The committee finalized its recommendation on a format and has forwarded it to the Executive Committee for review and approval. Upon approval, it will become part of the Department's training curriculum on family-centered needs and strengths.

- 2. DCFS shall consider the implementation of a negative outcome reporting system, whereby DCFS social workers report any problem, within 24 hours, to DCFS Administration that might impact the safety of the child and create potential liability for the County. DCFS is to report on the feasibility of a system such as the DHS format and protocol.**

The Department has completed the final stage of development of the negative outcome reporting system known as the Critical Incident and Fatality Tracking system (CIFT). The CIFT program is currently in its pilot phase.

Simply put, within 24 hours of all child deaths reported to the Department, a child abuse report is forwarded to the Critical Incident and Child Fatality review section. Information gleaned from this report is entered into CIFT. The system aggregates information from the Child Welfare Services/Case Management System (CWS/CMS) for the purpose of tracking trends by compiling statistics on child deaths. The data will be utilized to develop programs aimed at increasing child safety in Los Angeles County.

- 3. Every social worker is required to enter each case into a computer database. DCFS shall conduct an audit of this mandate. Please report on the feasibility of this proposed audit on September 9, with a proposed auditing tool and time frame of such an audit, in an effort to ensure that all children's records are properly entered into State-mandated computer systems.**

On August 5, 2003, in a response to a motion by Supervisor Molina, the Board of Supervisors ordered the Department of Children and Family Services (DCFS) to ensure that children in foster care had a plan of care documented in the Child Welfare Services/Case Management System (CWS/CMS). This motion mandated that DCFS implement a "Plan of Care" similar to the one formerly utilized at MacLaren Children's Center. The Plan of Care was to include the following elements: medical/dental services, education, placement information, and family background information. Reviews have been undertaken to measure compliance with this item.

The methodology used for the review is as follows: A random sample was drawn consisting of 100 children in out of home care. Each child's case was reviewed on CWS/CMS for documentation in the main areas of medical/dental services, education, placement information, and family background information. An adequate case was defined as meeting item three of the Board motion that stipulated "every Social Worker (CSW) is required to enter each case into a computer database (CWS/CMS)." Results of the audit follow below.

## **MEDICAL/DENTAL**

30% (30 cases out of 100) had adequate CWS/CMS medical/dental documentation. Elements under review were: current preventive health examination per CHDP periodicity schedule; a summary of current health conditions; diagnosed condition, including health problem description and treatment plan (when applicable); medication (when applicable); current immunizations and annual dental examination, if the child was four years or older.

- The remaining 70 cases had either no information found on CWS/CMS, had partial information documented, or information not currently updated.

## **MENTAL HEALTH**

28% (10 cases out of 36) had adequate CWS/CMS mental health information. Elements consisted of: screening reports on mental health needs (when applicable); diagnosed condition, including mental health problem description and treatment plan (when applicable); and medication (when applicable).

- There were 26 cases lacking information that should have been entered into CWS/CMS, had partial information documented, or information not currently updated.
- The remaining 64 cases were not applicable for the following reasons:
  - Mental health screening not needed.
  - Diagnosed condition, including mental health problem description and treatment plan, not required.
  - Medication not required.

## **EDUCATION**

24% (17 cases out of 71) had adequate CWS/CMS education information. Essential elements consisted of; school information-including name of the school, educational needs/school performance, and services for identified educational needs.

- There were 54 cases that lacked information entered on CWS/CMS, contained partial documentation, or the information was not current.
- The remaining 29 cases were not applicable for the following reasons:
  - School information, including name of the school was not required.
  - Educational needs/school performance was not required.
  - Services for identified educational needs were not required.

## **PLACEMENT**

26% (26 cases out 100) had adequate CWS/CMS placement information. Adequate information consisted of; the description of the current placement-including the CSW's evaluation of the child's adjustment to the placement or the necessity for and appropriateness of the placement, placement history, reasons for termination of each placement (describing the reasons for replacements.)

- There were 74 cases that lacked information entered in CWS/CMS, consisted of inadequate documentation, or information not updated.

## **FAMILY BACKGROUND**

18% (18 cases out 100) contained adequate family background information. Essential elements consisted of; current family assessment, case plan information entered on CWS/CMS, and the description of family backgrounds, including relevant social, cultural and physical factors.

- There were 82 cases that lacked information entered on CWS/CMS, consisted of inadequate documentation, or were not currently updated.

Obviously, our staff must do a better job in documenting services on the CWS/CMS system. To this end, data input of mandatory information fields is being required of all social work staff. The Department is committed to ensuring that all children's records are properly entered and maintained in CWS/CMS. Our Information Technology Division has developed utilization reports designed to alert the social workers and their supervisors when necessary fields pertinent to the medical folder have not been completed. The Department is investigating ways to design automated utilization reports in other areas to assist supervisors to ensure the goal of 100% compliance can be achieved.

- 4. Report on a quarterly basis to the Board, County Counsel, and the Risk Manager Inspector General any recurring risk management issues, such as inadequate documentation, in an effort to analyze and implement systemic changes to ensure the safety of children in every placement.**

During the last quarter, the Department has continued to move forward on implementing systemic changes with the goal of ensuring the safety of children. The highlights are listed below.

- The Department has continued with the redeployment of designated Children's Social Workers (CSW) and Supervising Children's Social Workers (SCSW) back to case carrying work in regional offices to bring staffing percentages to equitable levels throughout the Department and to move caseloads lower for all case carrying staff with the expectation that they spend more time with each family.

- The Department is continuing to reinforce the utilization of Structured Decision Making (SDM), a research based assessment tool to better assess families and assist social workers in identifying immediate harm to a child. The plan is for the Department to fully implement SDM department-wide by April 2004.
- The Child Fatality Report, used by social workers to provide information to Administration on all child deaths (where there is an open DCFS case, open referral or prior history) has been revised to include a check box indicative of whether SDM was used in the investigation of all new referrals.
- The Department is continually reinforcing its existing policies and stressing the importance of the SCSW in assuring the certainty of the CSW's compliance with all departmental policies, including that all collateral contacts were made. As of February 4, 2004, a policy review committee was convened and is in the process of reviewing and making revisions to various policies where ambiguity exists.
- The Department will pair Public Health Nurses (PHN) with CSWs on all second referrals received on children ages 0-3 years. The initial implementation will be piloted in at least one of our regional offices by March 31, 2004 pending hiring of needed items.
- The Department has implemented a new Child Death Review protocol.

A follow-up audit will be undertaken in six months, approximately September 2004 to review the outcome of the systemic changes.

If you have any questions, please call me or your staff may call Helen Berberian, Board Relations manager, at (213) 351-5530.

DS:mv

c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors